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| 400 WEST MA | I i | I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below. | | | | | |
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| 01 FC:1591 1510.93 QP | | | | | 1, 1, 2 | <u> </u> | |
| 92 FC: | 1564 | p . | · | | <u> </u> | (Signature) | |
| • | • | | | | | (Date) | |
| APPLICATION NO. | ICATION NO. FILING DATE | | FIRST NAMED INVENTOR | | ATTORNE | Y DOCKET NO. | CONFIRMATION NO. |
| 10/598,044 | 08/16/2006 | | Paul A. Stucky | | 60469 | -122PUS1; | 9489 |
| TITLE OF INVENTION: ELECTRICAL SIGNAL APPLICATION STRATEGIES FOR MONITORING A CONDITION OF AN ELEVATOR LOAD BEARING MEMBER | | | | | | | |
| APPLN. TYPE | SMALL ENTITY | ISSUE FEE DUE | PUBLICATION FEE DU | PREV. PAID ISSU | E FEE TO | OTAL FEE(S) DUB | DATE DUE |
| nonprovisional | NO | \$1510 | \$300 | \$0 | | \$1810 | 09/21/2011 |
| EXAM | INER | ART UNIT | CLASS-SUBCLASS |] . | • | • | |
| CHAN, KAWING 2837 | | 2837 | 187-393000 | _ | | | • · · · · · · · · · · · · · · · · · · · |
| 1. Change of correspondence address or indication of "Fee Address" (37 2. For printing on the patent front page, list | | | | | | | |
| CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (houng as a member a 2 | | | | | | | Gaskey & Olus PC |
| | | | | | | | |
| ☐ "Fee Address" ind PTO/SB/47; Rev 03-0 Number is required. | ication (or "Fee Address 22 or more recent) attach | registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is iisted, no name will be printed. | | | | | |
| 3 ASSIGNEE NAME A | ND RESIDENCE DATA | A TO BE PRINTED ON | THE PATENT (print or t | me) | | · · · · · · · · · · · · · · · · · · · | |
| 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. | | | | | | | |
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| Otis Elevator Company Farmington, CT | | | | | | | |
| Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 💆 Corporation or other private group entity 🔲 Government | | | | | | | |
| 4a. The following fee(s) are submitted: 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) | | | | | | | |
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| a. Applicant claim | s SMALL ENTITY statu | is. See 37 CFR 1.27. | Db. Applicant is no lo | nger claiming SMA | LL ENTITÝ | status. See 37 CF | R 1.27(g)(2). |
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| Authorized Signature | 7 10 | | · | Date | 8/2/20] 37, No. | L1 420 | |
| Typed or printed name | | | | Registration N | No | , 1,55. <u></u> | <u> </u> |
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